

PART B - FEE(S) TRANSMITTAL



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02292 7590 11/25/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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FALLS CHURCH, VA 22040-0747 /24/2006 MBEYENE2 00000100 10808363				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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FC:1501 1400.00 UP FC:1504 300.00 UP FC:8001 12.00 UP			_		(Signature)		
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/808,363	7/808,363 03/25/2004 Yasuki Tami		ra	-14 72-0322P	4748		
TITLE OF INVENTION: F	AILURE DIAGNOSTIC SY	STEM FOR EXHA	AUST PRESSURE	INCREASING DEVICE	(H9-1038AUS)		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	02/27/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	7		
ESHETE, ZELALEM		3748		123-090150	_		
CFR 1.363). Change of corresponded ress form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	dence address or indication of "Feddence address (or Change of 022) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be	Correspondence ation form of a Customer E PRINTED ON 1	(1) the names of or agents OR, all (2) the name of registered attorr 2 registered pate listed, no name	a single firm (having as ley or agent) and the nan ent attorneys or agents. It will be printed. at or type)	nt attorneys l <u>Birch</u> Kolas	, Stewart, ch & Birch, L	
(A) NAME OF ASSIGN		· ·	•	ITY and STATE OR CO	· ·		
MITSUBIS	HI JIDOSHA KO	OGYO KAB	USHIKI K.	AISHA	Tokyo	, Japan	
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent)	: Individual 🖫 C	Corporation or other private gr	oup entity Government	
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X Issue Fee			A check in the	amount of the fee(s) is e	nclosed.		
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X Advance Order - # o	f Copies4		The Director in Deposit Account I	s hereby authorized by o Number 02-2448	charge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).	
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Typed or printed name	Terrell C. I	Birch		Registration	n No. <u>19,382</u>		
submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	pplication form to the USPT s for reducing this burden, st ginia 22313-1450. DO NOT -1450.	O. Time will vary nould be sent to the SEND FEES OR (depending upon the Chief Information COMPLETED FOR	ne individual case. Any con Officer, U.S. Patent and UMS TO THIS ADDRES	the public which is to file (an minutes to complete, includi omments on the amount of tid Trademark Office, U.S. Der S. SEND TO: Commissioner displays a valid OMB control.	me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	